

EVALUATION OF PRIVILEGES - PSYCHIATRY			PERIOD		DATE		
For use of this form, see AR 40-68; the proponent agency is OTSG			FROM	TO			
RATED BY		PRIVILEGES PERFORMED BY		TREATMENT FACILITY			
TITLE							
PRIVILEGES			RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.			ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Category I.							
Category II.							
Category III.							
Category IV. <i>(Check Subspecialty)</i>							
	a. Child Psychiatry						
	b. Psychoanalysis						
	c. Child Psychoanalysis						
	d. Forensic Psychiatry						
	e. Administrative Psychiatry						
	f. Geriatric Psychiatry						
	g. Consultant-Liaison Psychiatry						
	h. Psychosomatic Medicine						
	Other <i>(Specify)</i>						
Privileges Performed <i>(Check)</i>							
	a. Assessment and Diagnosis of Mental Disorders						
	b. Inpatient Psychiatric Treatment						
	c. Alcohol/Drug Residential Treatment						
	d. Adult Psychotherapy						
	(1) Individual						
	(2) Marital						
	(3) Family						
	(4) Group						
	e. Child and Adolescent Psychiatry						
	(1) Assessment and Diagnosis						
	(2) Psychotherapy						
	(a) Family						
	(b) Group						
	(3) Psychopharmacotherapy						
	f. Somatic Therapy						
	(1) Psychopharmacotherapy						
	(2) Biofeedback Therapy						
	(3) Electro-Convulsive Therapy						
	(4) Amytal Interview						

PERIOD	DATE	TREATMENT FACILITY
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<b>Privileges Performed (Continued) (Check)</b>						
g. Consultation						
	(1) Command					
	(2) Medical/Surgical Activities					
	(3) Community Organizations					
	(4) School					
h. Specialized Skills						
	(1) Forensic Psychiatry					
	(2) Psychoanalysis					
	(3) Child Psychoanalysis					
	(4) Geriatric Psychiatry					
	(5) Behavior Therapy					
	(6) Gestalt Therapy					
	(7) Hypnotherapy					
	Other (Specify)					
i. Research						
j. Other (Specify)						

COMMENTS (Borderline and unacceptable ratings will be addressed.)

RATER'S SIGNATURE	DATE
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